

107TH CONGRESS
1ST SESSION

S. 998

To expand the availability of oral health services by strengthening the dental workforce in designated underserved areas.

IN THE SENATE OF THE UNITED STATES

JUNE 7, 2001

Ms. COLLINS (for herself and Mr. FEINGOLD) introduced the following bill; which was read twice and referred to the Committee on Health, Education, Labor, and Pensions

A BILL

To expand the availability of oral health services by strengthening the dental workforce in designated underserved areas.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Dental Health Im-
5 provement Act”.

6 **SEC. 2. FINDINGS.**

7 Congress finds the following:

1 (1) Oral and general health are inseparable,
2 and good dental care is critical to our overall phys-
3 ical health and well-being.

4 (2) Although oral health in America has im-
5 proved dramatically over the last 50 years, these im-
6 provements have not occurred evenly across all sec-
7 tors of our population, particularly among low-in-
8 come individuals and families and people living in
9 underserved areas.

10 (3) According to the United States Surgeon
11 General, an estimated 25,000,000 Americans live in
12 areas lacking adequate dental care services, and as
13 many as 11 percent of our Nation's rural population
14 has never been to a dentist.

15 (4) This access problem is exacerbated by the
16 fact that our dental workforce is aging: more than
17 20 percent of dentists will retire in the next 10
18 years, and the number of dental graduates by 2015
19 may not be enough to replace these retirees. Al-
20 though dentists have significantly increased their
21 productivity, there are still distribution problems in
22 specific geographic areas.

23 (5) Our Nation's dental school faculty is also
24 aging. With retirement being the leading indicator,
25 faculty shortage issues face United States dental

1 schools with approximately 400 current vacancies for
2 unfilled, budgeted positions. United States dental
3 schools play an important role in improving access
4 to care to underserved populations.

5 (6) While the National Health Service Corps
6 has placed more than 20,000 health care providers
7 in some of America's most difficult-to-place inner
8 city, rural, and frontier communities, the current
9 funding levels for this program do not begin to meet
10 the need in these underserved communities for phys-
11 ical, oral, and mental and behavioral health care
12 services and should be substantially increased.

13 (7) According to the United States Surgeon
14 General, the number of dentists and dental hygien-
15 ists with obligations to serve in the National Health
16 Service Corps falls far short of meeting the total
17 identified need: only about 6 percent of the dental
18 need in designated underserved areas is currently
19 being met by this program, and outreach and devel-
20 opment are critical to future opportunities for
21 strengthening the dental workforce in designated
22 dental health professional shortage areas.

1 **SEC. 3. EXPANDING AVAILABILITY OF DENTAL SERVICES.**

2 Part D of title III of the Public Health Service Act
 3 (42 U.S.C. 254b et seq.) is amended by adding at the end
 4 the following:

5 **“Subpart X—Primary Dental Programs**

6 **“SEC. 340F. DESIGNATED DENTAL HEALTH PROFESSIONAL**
 7 **SHORTAGE AREA.**

8 “In this subpart, the term ‘designated dental health
 9 professional shortage area’ means an area, population
 10 group, or facility that is designated by the Secretary as
 11 a dental health professional shortage area under section
 12 332 or designated by the applicable State as having a den-
 13 tal health manpower shortage.

14 **“SEC. 340G. GRANTS FOR INNOVATIVE PROGRAMS.**

15 “(a) GRANT PROGRAM AUTHORIZED.—The Sec-
 16 retary, acting through the Administrator of the Health
 17 Resources and Services Administration, is authorized to
 18 award grants to States for the purpose of helping States
 19 develop and implement innovative programs to address the
 20 dental workforce needs of designated dental health profes-
 21 sional shortage areas in a manner that is appropriate to
 22 the State’s individual needs.

23 “(b) STATE ACTIVITIES.—A State receiving a grant
 24 under subsection (a) may use funds received under the
 25 grant for—

1 “(1) loan forgiveness and repayment programs
2 for dentists who—

3 “(A) practice in designated dental health
4 professional shortage areas; and

5 “(B) agree to—

6 “(i) provide services to patients re-
7 gardless of such patients’ ability to pay;
8 and

9 “(ii) provide a sliding payment scale
10 for patients who are unable to pay the
11 total cost of services;

12 “(2) recruitment and retention efforts;

13 “(3) grants and low-interest or no-interest loans
14 to help practitioners who participate in the medicaid
15 program under title XIX of the Social Security Act
16 (42 U.S.C. 1396 et seq.) to establish or expand
17 practices in designated dental health professional
18 shortage areas by equipping dental offices or sharing
19 in the overhead costs of such operations;

20 “(4) the establishment or expansion of dental
21 residency programs in coordination with accredited
22 dental training facilities in States without dental
23 schools;

24 “(5) programs developed in consultation with
25 State and local dental societies to expand or estab-

1 lish oral health services in designated dental health
2 professional shortage areas, such as—

3 “(A) the expansion or establishment of a
4 community-based dental facility, free-standing
5 dental clinic, consolidated health center dental
6 facility, school-linked dental facility, or United
7 States dental school-based facility;

8 “(B) the establishment of a mobile or port-
9 able dental clinic; and

10 “(C) the establishment or expansion of pri-
11 vate dental services to enhance capacity through
12 additional equipment or additional hours of op-
13 eration;

14 “(6) placement and support of dental students,
15 residents, and advanced dentistry trainees;

16 “(7) continuing dental education, including dis-
17 tance-based education;

18 “(8) practice support through teledentistry con-
19 ducted in accordance with existing State laws;

20 “(9) community-based prevention services such
21 as water fluoridation and dental sealant programs;

22 “(10) coordination with local education systems
23 within the State to foster programs that promote
24 children going into oral health or science professions;

1 “(11) the establishment of faculty recruitment
2 programs at accredited dental training institutions
3 whose mission includes community outreach and
4 service and that have a demonstrated record of serv-
5 ing underserved States;

6 “(12) the development of a State dental officer
7 position or the augmentation of a current State den-
8 tal office to coordinate oral health and access issues
9 in the State; and

10 “(13) any other activities determined to be ap-
11 propriate by the Secretary.

12 “(c) APPLICATION.—

13 “(1) IN GENERAL.—Each State desiring a
14 grant under this section shall submit an application
15 to the Secretary at such time, in such manner, and
16 containing such information as the Secretary may
17 reasonably require.

18 “(2) ASSURANCES.—Each application sub-
19 mitted under this subsection shall include assurances
20 that the State will meet the requirements of sub-
21 section (d) and that the State possesses sufficient
22 infrastructure to manage the activities to be funded
23 by the grant and to evaluate and report on the out-
24 comes resulting from such activities.

1 “(d) MATCHING REQUIREMENT.—An entity that re-
 2 ceives a grant under this section shall contribute non-Fed-
 3 eral funds to activities carried out under the grant in a
 4 total amount equal to at least 40 percent of the amount
 5 of the grant. Such matching funds may be a combination
 6 of in-kind contributions, fairly valued, and any other fund-
 7 ing from State or local sources or from community or
 8 other organizations.

9 “(e) REPORT.—Not later than 5 years after the date
 10 of enactment of the Dental Health Improvement Act, the
 11 Secretary shall prepare and submit to the appropriate
 12 committees of Congress a report containing data relating
 13 to whether grants provided under this section have in-
 14 creased access to dental services in designated dental
 15 health professional shortage areas.

16 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
 17 is authorized to be appropriated to carry out this section,
 18 \$50,000,000 for the 5-fiscal year period beginning with
 19 fiscal year 2002.”.

20 **SEC. 3. NATIONAL HEALTH SERVICE CORPS.**

21 (a) SCHOLARSHIP AND LOAN REPAYMENT PRO-
 22 GRAMS.—The Secretary of Health and Human Services,
 23 in consultation with the American Dental Association, the
 24 American Dental Education Association, the American
 25 Dental Hygienists Association, the American Academy of

1 Pediatric Dentistry, the Association of State and Terri-
 2 torial Dental Directors, and the National Association of
 3 Community Health Centers, shall develop and implement
 4 a plan for increasing the participation of dentists and den-
 5 tal hygienists in the National Health Service Corps' schol-
 6 arship program under section 338A of the Public Health
 7 Service Act (42 U.S.C. 254l) and the loan repayment pro-
 8 gram under section 338B of such Act (42 U.S.C. 254l-
 9 1).

10 (b) LOAN REPAYMENT PLAN.—Section 338C of the
 11 Public Health Service Act (42 U.S.C. 254m) is amended
 12 by adding at the end the following:

13 “(f) Notwithstanding any other provision of this title,
 14 periods of obligated service may be served and fulfilled on
 15 a part time basis if—

16 “(1) such part time service is agreed to by both
 17 the placement site or sites and the recipient of the
 18 scholarship or loan repayment; and

19 “(2) the recipient's total obligation is fulfilled.”.

20 (c) SCHOLARSHIP PROGRAMS.—Any scholarship pro-
 21 gram for dental students administered through the Na-
 22 tional Health Service Corps shall meet the following re-
 23 quirements:

24 “(1) AVAILABILITY.—The scholarship program
 25 shall be open to students attending any accredited

1 dental school or dental hygiene program in the
 2 United States.

3 “(2) PLACEMENT.—The placement of an oral
 4 health provider participating in the scholarship pro-
 5 gram shall be solely based upon community need for
 6 dental services.”.

7 (d) SITE DESIGNATION PROCESS.—

8 (1) IMPROVEMENT OF DESIGNATION PROC-
 9 ESS.—The Administrator of the Health Resources
 10 and Services Administration, in consultation with
 11 the Association of State and Territorial Dental Di-
 12 rectors, dental societies, and other interested parties,
 13 shall—

14 (A) design and implement procedures to
 15 simplify the process of designating areas, popu-
 16 lation groups, and facilities as dental health
 17 professional shortage areas under section 332
 18 of the Public Health Service Act (42 U.S.C.
 19 254e); and

20 (B) revise the criteria upon which such
 21 designations are based so that such criteria pro-
 22 vide a more accurate reflection of oral health
 23 care need, particularly in rural areas.

24 (2) PUBLIC HEALTH SERVICE ACT.—Section
 25 332 of the Public Health Service Act (42 U.S.C.

1 254e) is amended by adding at the end the fol-
2 lowing:

3 “(i) DISSEMINATION.—The Administrator of the
4 Health Resources and Services Administration shall dis-
5 seminate information concerning the designation criteria
6 described in subsection (b) to—

7 “(1) the Governor of each State;

8 “(2) the representative of any area, population
9 group, or facility selected by any such Governor to
10 receive such information;

11 “(3) the representative of any area, population
12 group, or facility that requests such information;
13 and

14 “(4) the representative of any area, population
15 group, or facility determined by the Administrator to
16 be likely to meet the criteria described in subsection
17 (b).

18 “(j) TECHNICAL ASSISTANCE.—The Administrator of
19 the Health Resources and Services Administration shall
20 provide technical assistance to any area, population group,
21 or facility that demonstrates an interest in applying for
22 dental health professional shortage area designation.”.

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